

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PCC Trade Expansion PAC

Full Name (Last, First, Middle Initial)

A. Friends of Lois Capps		Date of Disbursement
Mailing Address PO Box 23940		03 ' 26 ' 2013
City Santa Barbara	State CA	Amount of Each Disbursement this Period 500.00
Zip Code 93121		
Purpose of Disbursement Re-election	Category/ Type	
Candidate Name Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 24	

B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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